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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/423,349 05/01/2000 PAT 6,399,649 *
 which is a 371 of PCT/US99/21518 09/17/1999
 which claims benefit of 60/101,721 09/24/1998
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *N/A* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>PS</i> Initials				

ADDRESS

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TITLE

Compositions and methods for the treatment of chronic lymphocytic leukemia

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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